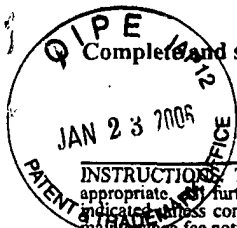


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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21186 7590 10/20/2005

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH
1600 TCF TOWER
121 SOUTH EIGHT STREET
MINNEAPOLIS, MN 55402

01/24/2006 CNGUYEN1 00000035 09669395

01 FC:2501 700.00 DP
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<u>Sarah Storozuk</u>	(Depositor's name)
<u>Sarah Storozuk</u>	(Signature)
<u>January 19, 2006</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/669,395	09/26/2000	Vincent J. Argiro	543.004US1	3390

TITLE OF INVENTION: IMAGE DATA BASED RETROSPECTIVE TEMPORAL SELECTION OF MEDICAL IMAGES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	01/20/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATEL, SHEFALI D	2621	382-131000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Schwegman, Lundberg,

1. Woessner & Kluth, P.A.

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Vital Images, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minnetonka, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Rodney L. Lacy

Date

January 19, 2006

Typed or printed name

Rodney L. Lacy

Registration No. 41,136

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Vincent J. Argiro et al.

Title: IMAGE DATA BASED RETROSPECTIVE TEMPORAL SELECTION OF MEDICAL IMAGES

Docket No.: 543.004US1
Filed: September 26, 2000
Examiner: Shefali D Patel
Customer No.: 21186

Serial No.: 09/669,395
Due Date: January 20, 2005
Group Art Unit: 2621
Confirmation No.: 3390

Commissioner for Patents
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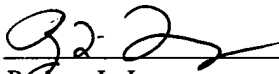
Notice of Allowance Date:
October 20, 2005

We are transmitting herewith the attached:


- ☒ A check in the amount of \$700.00 to cover the Small Entity Issue Fee Payment.
- ☒ A check in the amount of \$30.00 to cover the Extra Patent Copies Fee (10 copies).
- ☒ Issue Fee Transmittal (Form PTOL-85).
- ☒ A return postcard.

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SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
Customer Number: 21186

By 
Rodney L. Lacy
Reg. No. 41,136
RLL:CMG:sls

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Name


Signature